PART B - FEE(S) TRANSMITTAL

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			1			(Depositor's name)		
						(Signature)		
			l			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/563,703	07/21/2006		Asaf Tamir		38104	1223		
TITLE OF INVENTION: TRA	FFIC INFORMATION	SYSTEM						
APPLN. TYPE SM	MALL ENTITY I	SSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUI	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0	\$1055	08/23/2010		
EXAMINER		ART UNIT	CLASS-SUBCLASS					
LIEU, JULIE BICHNGOC 26		2612	340-901000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 			(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name wil	ne of a single firm (having as a member a attorney or agent) and the names of up to d patent attorneys or agents. If no name is ame will be printed.				
PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE	assignce is identified CFR 3.11. Completion	below, no assignee n of this form is NO	data will appear on the T a substitute for filing	e patent. If an assign an assignment. ITY and STATE OR O		document has been filed for		
Sensomatix L	td		Ramat-G		, ooi (
Please check the appropriate as		gories (will not be pr			orporation or other private gr	oup entity Government		
4a. The following fee(s) are sub X issue Fee X Publication Fee (No sma ☐ Advance Order - # of Co	Il entity discount permi		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).					
5. Change in Entity Status (fro	ALL ENTITY status. Se	e 37 CFR 1.27.			LL ENTITY status. Şee 37 (
NOTE: The Issue Fee and Publ interest as shown by the record	ication Fee (if required s of the United States P	will not be accepte atent and Trademark	d from anyone other the Office.	an the applicant; a reg	istered attorney or agent; or	the assignee or other party in		
Authorized Signature $_{-}/\mathrm{J}$	ason H. Rosenl	olum/			ust 19, 2010			
Typed or printed nameJ	Iason H. Rosen	blum			No. <u>56,437</u>			
This collection of information i an application. Confidentiality submitting the completed applithis form and/or suggestions fo Box 1450, Alexandria, Virginia Alexandria, Virginia 22313-144 Under the Paperwork Reduction	s required by 37 CFR 1 is governed by 35 U.S. ication form to the USF or reducing this burden, a 22313-1450. DO NO 50. n Act of 1995, no perso	311. The informatic C. 122 and 37 CFR TO. Time will vary should be sent to the SEND FEES OR one are required to res	on is required to obtain 1.14. This collection is depending upon the i chief Information OCOMPLETED FORM: spond to a collection o	or retain a benefit by to estimated to take 12 ordividual case. Any cofficer, U.S. Patent and S TO THIS ADDRESS finformation unless it	the public which is to file (at minutes to complete, includi omments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	ad by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, of number.		

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Ramat-Gan, Israel								
Please check the appropriate as		gories (will not be pr			orporation or other private gr	oup entity Government		
4a. The following fee(s) are sub X issue Fee X Publication Fee (No sma ☐ Advance Order - # of Co	Il entity discount permi		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).					
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Authorized Signature $_{-}/\mathrm{J}$	ason H. Rosenl	olum/			ust 19, 2010			
Typed or printed nameJ	Iason H. Rosen	blum			No. <u>56,437</u>			
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